PATENT

	IN THE UNITED STATES PATE	NT AND TRADEMARK	K OFFICE				
APPLICANT	: C. Arth et al.						
U.S.S.N.:	10/009,644	Art Unit:	1615				
FILED:	April 25, 2002	Examiner:	I. Ghali				
FOR:	TRANSDERMAL THERAPEUTIC SYSTEM (TTS) CONTAINING TOLTERODINE						
Commissioner P.O. Box 1450							
	AMENDMENT	TRANSMITTAL					
1. Trans	mitted herewith is an amendment for	r this application.					
	STA	TUS					
2. Appli [X]	cant is a small entity. other than a small entity.						
	CERTIFICATE OF MAILING/T	RANSMISSION (37 C.F.R. 1.	B(a))				
I hereby certify th	nat, on the date shown below, this corresponden	ce is being:					
	MAILING	FACSIMILE					
with su envelor	ed with the United States Postal Service fficient postage as First Class Mail in an one addressed to the Commissioner for , P.O. Box 1450, Alexandria, VA 22313-	[] transmitted by fa Trademark Office Signature					
Date:12/30/0	3	Christine C. O'D (type or print name of pers	ay on certifying)				

(Amendment Transmittal—page 1 of 4)

EXTENSION OF TERM

NOTE:	Non-Fi	"Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.					
	of a No unless t	tice of App he timely-	peal or filing and/or e filed response placed	ntry of an additional amendment after e the application in condition for allowe	me is required to permit filing and/or entry xpiration of the shortened statutory period ince. Of course, if a Notice of Appeal has 'Notice of December 10, 1985 (1061 O.G.		
NOTE:		37 C.F.R. 1.645 for exténsions of time in interference proceedings, and 37 C.F.R. 1.550(c) for extensions of time in amination proceedings.					
3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.						
			(con	nplete (a) or (b), as applicable)			
	(a)	[]		ons for an extension of time under 1.17(a)(1)-(4)) for the total num			
		Extens	cion	Fee for other than	Fee for		
		(mont		small entity	small entity		
	[j	one m	•	\$110.00	\$55.00		
		two m		\$420.00	\$210.00		
	[]		months	· \$950.00	\$475.00		
	L J	four m		\$1,480.00	\$740.00		
	[]	five m		\$2,010.00	\$1,005.00		
		-		Fee: \$	_		
If an ac	lditiona	l extensi	on of time is requi	red, please consider this a petition	on therefor.		
			(check and	complete the next item, if applica	able)		
	[]		is dedu	_ months has already been secure acted from the total fee due for	d. The fee paid therefor of the total months of extension now		
			Extension fee d	ue with this request \$	_		
				OR			
	(b)	[X]	petition is being		equired. However, this conditional ity that applicant has inadvertently of time.		

FEE FOR CLAIMS

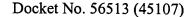
4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

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WARNI	NG:			ction or action (§						g with any
		requiren	nent of f	orm which has be	en made." 3	3/ C.F.K. 1.110(6	a) (emphasis	added)	!.	
				(complet	te (c) or (d	l), as applical	ble)			
	(c)	[X]	No ac	dditional fee fo	or claims i	is required				
	(0)		110 40	aditional fee it	Olamis i	-				
	(d)	[]	Total	additional fee	for claim	s required \$ _	·			
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5.	[]	Attach	ed is a	check in the s	um of \$					
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NOTE:	If there i	is a fee de	ficiency (and there is no at	uthorization	to charge an acc	count, additi	onal fee	es are necessary	to cover
the additional time consumed in making up the original deficiency. If the maximum, six-month period has										
before the deficiency is noted and corrected, the application is held abandoned. In those instances where auti to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch										
	to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency									
	should b	e checked	. See the	Notice of April 7	7, 1986, (100	65 O.G. 31-33).	-		· · · · · ·	-
6.	[X]	If any	additio	nal extension a	nd/or fee i	is required ch	arge Acco	unt N	ο 0 <i>1</i> -110	5
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		•								

(Amendment Transmittal—page 3 of 4)

AND/OR

[X]	If any additional fee for claims is required, charge Account No04-1105		
		Christ C.h	
		SIGNATURE OF PRACTITIONER	
Reg. No. 38,256		Christine C. O'Day	
_		(type or print name of practitioner)	
Tel. No. (617) 439-4444		EDWARDS & ANGELL, LLP	
		P.O. Box 9169	
		P.O. Address	
Customer No. 2	21874	Boston, Massachusetts 02209	





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FOR:

TRANSDERMAL THERAPEUTIC SYSTEM (TTS)

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Mail Stop: ______ Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SIR:

AMENDMENT

Applicants are in receipt of the Office Action mailed on September 30, 2003. Kindly consider the remarks below and amend the above-identified application as indicated.

Amendments to the Specification are reflected on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 5 of this paper.